

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 530785	RECEIPT DATE:	05 / 05 / 00
IA NUMBER: PCT/	GB98 / 03501	IA FILING DATE:	✓ 11 / 24 / 98
FAMILY NAME:	BEDDUS	DELAY WAIVED (Y/N):	✓ Y
GIVEN NAME:	SIMON ALEXANDER	DEMAND RECEIVED (Y/N):	✓ Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	✓ 12 / 04 / 97
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	36-1338	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 7038164000
			FAX

NAME: NIXON & VANDERHYE

STREET: 1100 NORTH GLEBE ROAD
8TH FLOOR

CITY: ARLINGTON

STATE/COUNTRY: VA ZIP: 22201

EMAIL:

APPLICATION TITLES:

COMMUNICATIONS NETWORK

TAB TO LAST POSITION,PUSH SEND



Bib Data Sheet


UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

 Address: COMMISSIONER OF PATENTS AND TRADEMARKS
 Washington, D.C. 20231

SERIAL NUMBER 09/530,785	FILING DATE 05/05/2000 RULE -	CLASS 379	GROUP ART UNIT 2743 2666	ATTORNEY/DOCKET NO. 36-1338
------------------------------------	---	---------------------	--	---------------------------------------

APPLICANTS
 SIMON A BEDDUS, IPSWICH, GBN ;
 GARY L BRUCE, WOODBRIDGE, GBN ;

**** CONTINUING DATA ******* *Yes/98*
 THIS APPLICATION IS A 371 OF PCT/GB98/03501 11/24/1998

**** FOREIGN APPLICATIONS ******* *Yes/98*
 EUROPEAN PATENT OFFICE (EPO) 97309810.6 12/04/1997 ✓
 EUROPEAN PATENT OFFICE (EPO) 98302452.2 03/30/1998

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 06/07/2000 -

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GBN	SHEETS DRAWING 9	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Jinder Mehra</i> Examiner's Signature	<i>JM</i> Initials			

ADDRESS
 NIXON & VANDERHYE
 1100 NORTH GLEBE ROAD
 8TH FLOOR
 ARLINGTON, VA 22201-4714

TITLE
 COMMUNICATIONS NETWORK

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------------	---	---